MINUTES:

Approved without changes.

DIRECTOR OF COMMUNITY SERVICES REPORT – BRIAN HART

 MSC WORKFORCE ISSUES: Has anyone heard of any mass exodus of MSC’s? Has there been any staffing issues? They are still sticking with July 1st to go live with Care Coordination. There is a meeting February 28th (Pathways and ARC’s) to discuss salary and benefit packages with MSC’s. Some packages are better than others when it deals with health insurance and contributions. Pathways will not be paying out any accruals. PCS is offering a $500.00 bonus to sign on and bigger hourly rates for years worked with agencies. Earned time will not be rolling over but they will have some paid time off available at the start of their employment, they won’t start with zero balance. Once this goes into effect, Pathways will charge rent for a period of time to house the MSC’s, as for right now they will be housed where they currently are working. In a year or so, they will have regional sites to put all the MSC’s together. There are 3,000 MSC’s and this will be a major hit to organizations. So far they have seen no mass exodus at Pathways or ARC of Chemung. The MSC’s have been informed and involved. For Pathways and ARC of Chemung it will be a 100% transition on July 1st, but it will be different for AIM. They are expecting the meeting with all the MSC’s to go well. The breaks have been put on for hiring for Health Home Care Managers for children. There are 20,000 people and not enough Care Coordinators? It depends if the MSC’s want to be involved.

**3.25% INCREASE: Some of you were looking at the agenda for the Substance Abuse Subcommittee. The Salvation Army and CASA-Trinity will be receiving some money for a salary increase. This doesn’t mean that each person will receive a 3.25% increase. The total amount will be about $11,500.00. It is subject to what the Agencies want to do with it. AIM will not be receiving any of this money.

 LOCAL 507 PLAN DEVELOPMENT: With the Mental Health Law every county has to submit a plan. It’s supposed to drive the State Plan. It can be entered online and it’s now one plan instead of three plans. The state agencies read it and may take sample of reports and note them in the state plan. We don’t want to include everything in this plan, just the highest of priorities.
Brain Storming:

There are a segment of children just below the cusp of early intervention. There are a number of children screened and identified, but the severity of delay is not big enough to get services. If the parents want services for their child they have to pay out of pocket. Speech Therapists can no longer do speech evaluations, they are only done by a speech pathologist. We need to address the needs of children who don’t meet the requirements of a developmental

Transition issues from school to adult employment. There is a ACCESS VR issue and the gap is too big and there is no collaboration. ACCESS VR is not doing their role to assist.

Issues related to workshop closure. Getting together (ARC/Capabilities) to go over similarities and differences in each other’s plan. Locally need to improve communication as to what is changing and close that gap. There have been some issues with integration as they say that work centers aren’t integrated enough. Also issues with paying a fair wage.

Issues related to moving from ICF to IRA. They have to convert ICF’s into IRA’s by September or will lose funding for housing. IRA’s don’t have to provide nursing services. Pathways and ARC of Chemung provide it. They will have to seek out Occupational Therapy, Physical Therapy, and Social Workers, as they will now be an outside source. How do we become integrated? This removes the bundled clinical services.

Need to expand housing; the OPWDD does not have the funds to open new housing. The housing needs to be integrated. It cannot be one type of group of people living in it; it must be affordable and mixed.

Issues with Schools not stepping up with transitioning students from school to work. Have heard discussions of people sitting in psych wards because they had nowhere to go. Individuals should not be sitting in the ER or psych wards for hours/days/months. This is a negative cost to the ER’s because they can only charge per visit, not per day. They need a safe discharge plan, but there is no place for them to go, and this is a big financial issue.

Individuals re-referred (admissions/discharges) – young folks with significant histories of abuse and unstable living conditions. School districts don’t want these issues. The school districts are saying they want them to prove they are coming from their district, because they don’t want to have to pay the costs. Also, if there has been a gap in services, then they have to be re-evaluated for eligibility.

Individuals returning from placement and are high-risk to the community. What housing are they returning to? Are they being enrolled back in school if age eligible?

The Committee was shown the ideas that the Substance Abuse Subcommittee during their brain storming session. At our April meeting we will go over this list as well as last year’s list and vote on the top priorities.
Sharing by Community Members

- **Capabilities:** Would like to thank all the agencies who provided documentation that was needed for our audit.

The next meeting is scheduled for April 18, 2018.